

Foster Care Services - Authorization for Billing
CFS-334
INSTRUCTIONS

PURPOSE:

The CFS-334 form is used to authorize reimbursement of a provider for services rendered to a foster child. DCFS policy section VI-I Trust Accounts for Children in Foster Care discusses the Department's policy and procedures regarding foster care trust accounts. These form instructions do not supersede policy.

COMPLETION: (Insert a **HOLD NUMBER** in the upper right corner as appropriate)

I. Authorized Provider –

Enter the name and mailing address of the person or agency that provides the authorized service.

II. Client Information –

Enter the name, Social Security Number, family case number, and trust account ID number of the foster child who directly receives the authorized service. .

III. Funding Source –

Complete both sections A and B by selecting an item from each. Section A indicates if the purchase is to be made from a Regular or a Dedicated Trust Account. Section B indicates if the purchase is to be using a P-Card.

Step 1: Select either Regular Trust Account or Dedicated Trust Account based on the funding source.

Step 2: Select Visa State Procurement "P" Card Purchase if the purchase is made with the P Card or select Non-State Procurement "P" Card Purchase if the purchase is not made with the P Card.

IV. Authorized Services –

A. Maximum amount – Enter the amount of the purchase to be made. Note that DCFS policy places limits on some purchases.

B. Services - Select one service from the listing. The maximum allowed for an initial clothing purchase is based on the child's age:

0-5 yrs	\$80
6-11 yrs	\$110
12-14 yrs.....	\$140
15 yrs +.....	\$150

The maximum allowed for a supplemental clothing purchase is \$400 per calendar quarter per the Foster Parent Handbook.

Health Services – includes examinations, evaluations, counseling and medical equipment not covered by Medicaid.

Medication – includes prescribed and over-the-counter prescriptions not covered by Medicaid.

School – includes activities, fees and equipment

County Supervisor Authorization: Enter name and signature of County Supervisor who authorized the purchase of the service and date.

Area Director Authorization: Enter name and signature of Area Director who authorized the purchase of the service and date.

V. Form CFS-334 Prepared by –

DCFS Shopper Name & Title: Name and title of DCFS staff who completes the authorization for billing and will conduct shopping for the child.

Last 4 digits of P Card #: If the purchase is made with a P Card, the last four digits of the shopper's P-Card must be entered.

County Name/Code, Phone, Date: Enter the county name, county code, and phone number of the shopper and date the information is completed.

VI. Process Payment (to be completed by provider only if the purchase is NOT made with a P-Card).

Total Amount of purchase – amount billed

Provider will give name, date, social security number or EIN number. Also, attach W-9 if the purchase is not made with a P-Card and the provider is not listed in the Great Plains Vendor report. Attach appropriate invoice or billing and mail the original to the address provided below.

ROUTING:

The Area Finance Specialist will sign and mail the original form and required documents with 2 copies to:

For P-Card purchases:

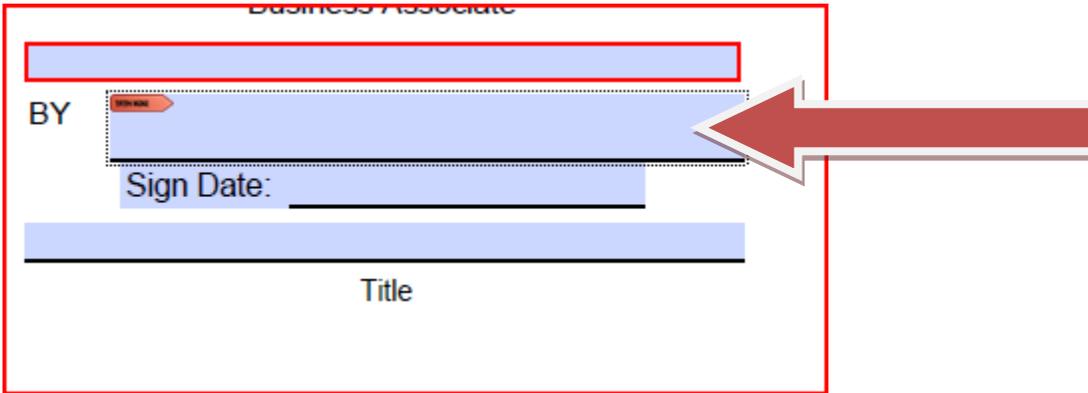
DCFS Financial Support Unit
PO Box 1437, Slot S561
Little Rock, Arkansas 72203

For non-P-Card purchases:

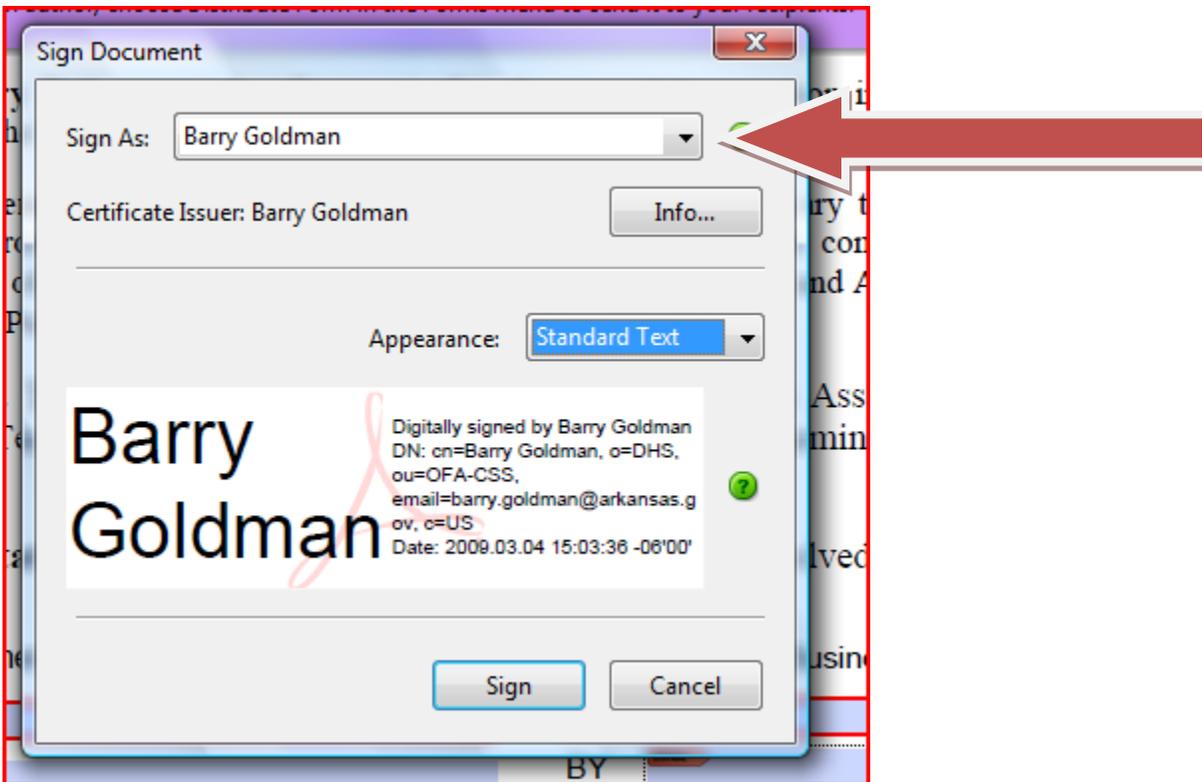
DCFS Eligibility Unit
PO Box 1437, Slot S571
Little Rock, Arkansas 72203

To Create a New Digital Signature
After you have One Created on Your Computer.

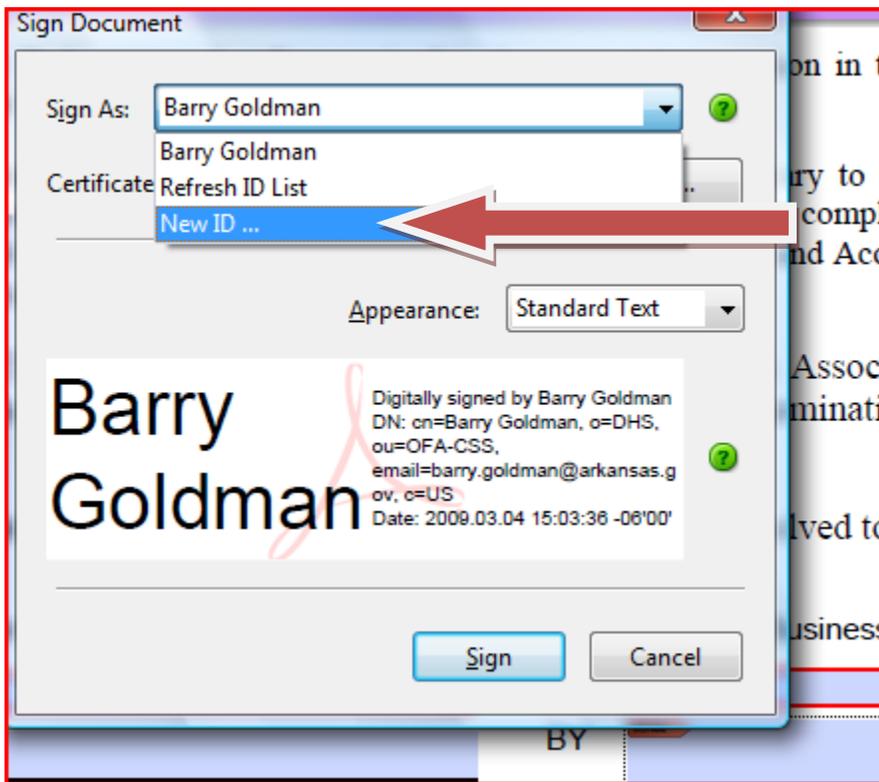
Click on the Signature Box:



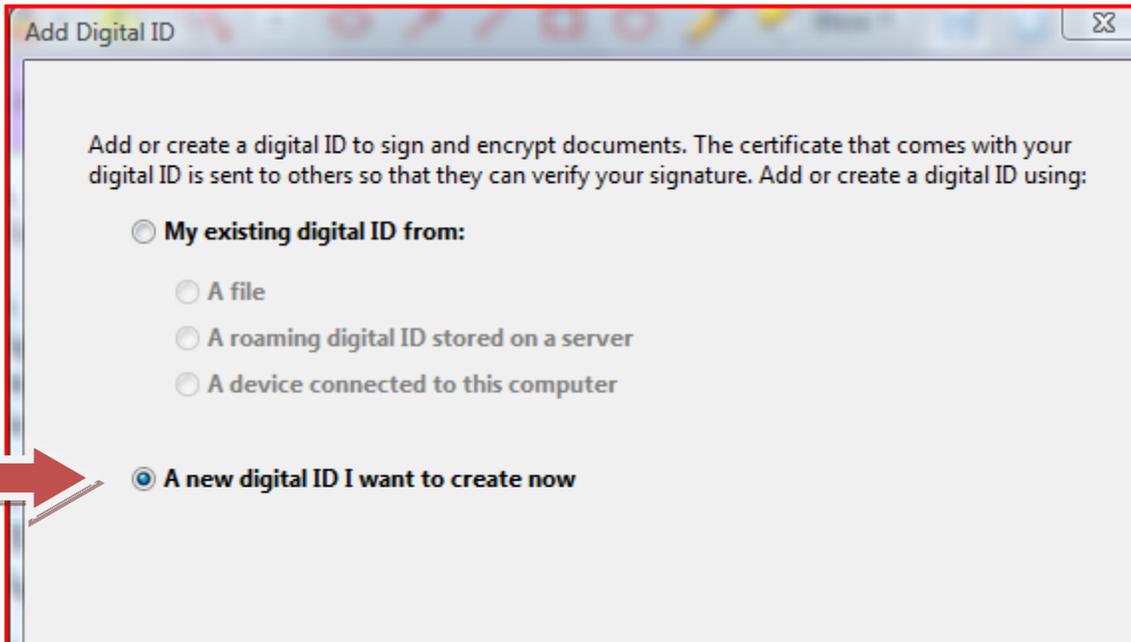
A box may come up similar to this, but asking for a password- you can click the arrow next to your name.



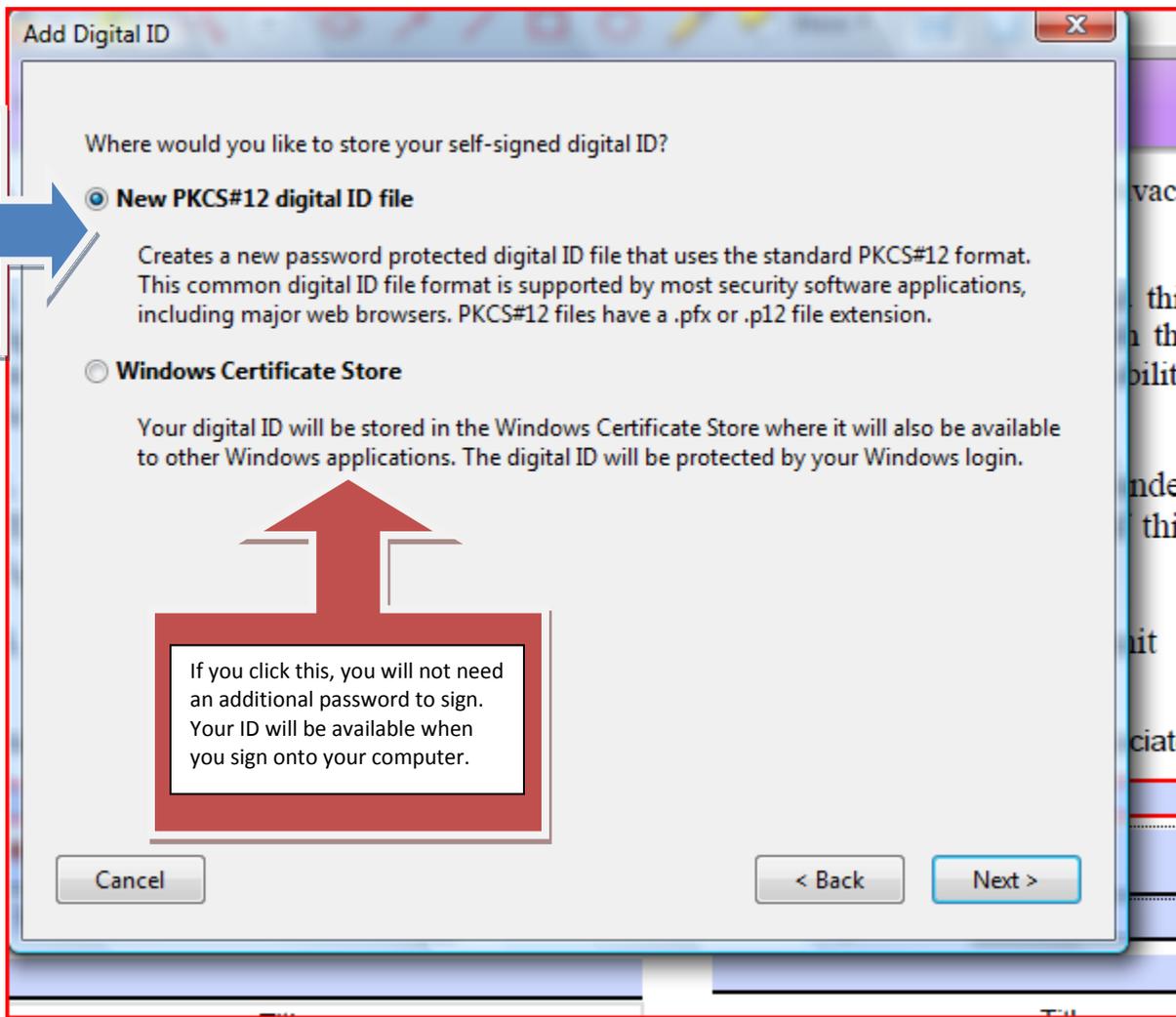
You will get a drop down and select "New ID".



Select "A new digital ID I want to create now." And Click Next on the bottom.



You should then get a box that looks like this:



If you have created multiple IDs on one computer, you can select which ID you want to sign with when you click to sign, by following the same step as above and click the drop down arrow next to your name and picking which ID you want to use. Adobe should bring up the last signature you used to sign with.